Editorial

The Vancouver style

Editors are used to authors' complaints, some justified, others not. One of the commonest has been the lack of consistency in major matters of style among the journals. Why, authors and their secretaries have argued, should they have to waste so much time in restyling a rejected manuscript before they can resubmit it to another journal? Not surprisingly, these complaints have centred principally on the two different reference styles – the Harvard (where the names of the authors and the date are cited in the text and the reference system is in alphabetical order) and the sequential numbering system (where references are listed in their order of appearance in the text) – and the first step towards uniformity was to settle on a single system. Nine years ago a group of editors of 30 American clinical journals met and agreed to use the style of *Index Medicus*[1] and three years later the editors of a group of biochemical journals took a similar step. In January 1978 these proposals were extended internationally. A group of editors of major general medical journals from the USA, Canada, and Britain, met in Vancouver and produced a draft set of uniform requirements for manuscripts, which was published,[2] debated, and then revised at a subsequent meeting held at Montreal in February this year.[3] The suggestions have now been widely accepted on both sides of the Atlantic and many journals will be introducing them on or after 1 July. In common with all the other specialist journals published by the BMA the editors of *Gut* have agreed to use the Vancouver system from January 1980 onwards. Nevertheless, many readers will be anxious to have two questions answered: firstly, are there not advantages in using the Harvard system, and, secondly, what is the logic behind the new form of bibliographical reference?

Those favouring the Harvard system claim that having the authors' names in the text tells the reader about the validity of the claim. In practice, however, with many articles now being written by six or more authors, most journals necessarily abbreviate the list to the first three and *et al.* The result is that, if the head of the department comes last at the end of the list, the names cited in the text are unknown. Moreover, with care by the author or technical editor, it is perfectly possible to indicate both an article's date and its provenance under the numbering system 'As Sherlock and her colleagues showed in 1956 [14]. . . .' Another objection, that authors want to add another reference in the middle of a long list at proof stage, is rare in practice, and again if necessary can be coped with by asking the author to delete a less-essential reference near the added one. Against these objections must be placed the arguments that by 1977 two-thirds of American biomedical journals were using the numbering style and that surveys have shown that this makes the reader's task in finding what he wants both quicker and easier.[4]

The form of the reference is based on the style to be used by the *Index Medicus* extended by the National Library of Medicine (NLM) to allow documents other than articles, books, and book chapters to be cited as well.[5] The NLM followed the principles contained in the American National Standards

Institution's (ANSI) standard for bibliographical references, which allow for up to seven 'data groups': authorship; title (both article title and journal title); edition; imprint; physical description; series statement; and notes. A period is placed at the end of each data group, while the semicolon separates different bibliographical elements within the group and precedes volume-identification data. On paper such a description sounds complicated, but in practice its ease of use is shown by the references at the foot of this article, which are styled in the new form. (The NLM in *Index Medicus* has departed slightly from the original ANSI style in that no period separates the journal title from the year.[5])

Why should each medical journal have its own little pet form of references, asked an exasperated medical secretary 11 years ago. There are, indeed, said to be no fewer than 2632 possibilities,[6] and it might be thought over-ambitious to try to reduce these to one at a stroke. Nevertheless, this is one part of an article that can be standardised with benefit without affecting clarity or individuality. For it is important to emphasise that, though its originators hoped that editors would retain the proposed reference style, the remainder of the Vancouver document was a guide to authors and not a *diktat* to editors, who are free to insert what conventions they like during subediting. In any case it seems unlikely that such requirements would shackle or inhibit a lively journal such as *Gut*: rather that we should free authors to concentrate on making the literary and scientific content of their articles even better.

References

[1]Style of references standardised. *N Engl J Med* 1970; **282**: 49.
[2]International Steering Committee of Medical Editors. Uniform requirements for manuscripts submitted to biomedical journals. *Br Med J* 1978; **1**: 1334–6.
[3]International Steering Committee of Medical Editors. Uniform requirements for manuscripts submitted to biomedical journals. *Br Med J* 1979; **1**: 523–5.
[4]Garfield E. Citations. *New Scientist* 1968; **39**: 565–6.
[5]Huth, E. New forms for references. *Br Med J* 1979; **1**: 1697-8.
[6]Ellis G, ed. *Units, Symbols, and Abbreviations.* London: Royal Society of Medicine, 1972: 35–6